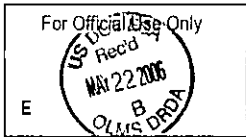


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12446"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Sam"/> <input type="text" value="Cicinelli"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="40W067 Jack London Street"/>  City <input type="text" value="Saint Charles"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60175"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Automobile Mechnnics Local 701"/>  Labor Organization File Number <input type="text" value="016-910"/>  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text" value="500 W. Plainfield Road"/>  City <input type="text" value="Countryside"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60525-3580"/>
5. Position in labor organization. <input type="text" value="Assistant Directing Business Rep"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>     7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

Date

Telephone Number

Name of Person Filing Sam Cicinelli	File Number U- 12446
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Automobile Mechanics Local 701 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 500 West Plainfield Road</p> <p>City Countryside</p> <p>State Illinois ZIP Code + 4 60525</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local #701 Welfare &amp; Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 500 West Plainfield Road</p> <p>City Countryside</p> <p>State Illinois ZIP Code + 4 60525</p>	<p>11.a. Nature of such dealing.</p> <p>Reimbursed from Trust Fund for Department of Labor and ERISA required education conference for food, travel and lodging in the exercise of my fiduciary duty</p> <p>11.b. Approximate dollar value of such dealing. \$928</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant: <input type="checkbox"/> ?</p>	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Automobile Mechanics Local 701 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 West Plainfield Road

City Countryside

State Illinois ZIP Code + 4 60525

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Automobile Mechanics Local 701 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 West Plainfield Road

City Countryside

State Illinois ZIP Code + 4 60525

## 11.a. Nature of such dealing.

Reimbursed from Trust Fund for Department of Labor and ERISA required education conference for food, travel and lodging in the exercise of my fiduciary duty

## 11.b. Approximate dollar value of such dealing.

\$928

## 12.a. Nature of interest held or income received.

## 12.b. Amount.